

# GENERAL BUSINESS LICENSE APPLICATION

Form last  
updated on  
Nov 1, 2013

Physical Address:

Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

Mailing Address:

25 West Main Street  
Auburn, WA 98001-4998

Webpage & Email:

[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

Phone and Fax:

Phone: 253-931-3090  
Fax: 253-804-3114

## BUSINESS INFORMATION

BUS# \_\_\_\_\_

☐ New Business    ☐ New Location    ☐ New Owner    ☐ Name Change    ☐ Home Based Business

Name of Business: \_\_\_\_\_ Opening Day of Business: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

Site Address: \_\_\_\_\_ Suite # \_\_\_\_\_, City: \_\_\_\_\_, Zip: \_\_\_\_\_

Business Fax: (    ) \_\_\_\_\_ Business Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business:    ☐ Retail    ☐ Service    ☐ Wholesale    ☐ Manufacturing    Number of Employees (including yourself): \_\_\_\_\_

Please describe your specific industry (e.g. restaurant, aerospace, medical): \_\_\_\_\_

Type of Ownership:    ☐ Sole Proprietorship    ☐ Corporation    ☐ LLC    ☐ Partnership    ☐ Non-Profit\*

\*If this is a Non-Profit Organization exempt from taxation under 26 USC 501(c)(3) or (4) please provide IRS documentation.

Washington State UBI# \_\_\_\_\_ NAICS Code: \_\_\_\_\_

\*Both of the above items are available at the following website: <http://dor.wa.gov/content/doingbusiness/registermybusiness/brd/>

Contractor ID# (if applicable): \_\_\_\_\_ Available at: <https://fortress.wa.gov/lni/bbip/>

Federal Tax Identification Number (EIN) – not applicable to a Sole Proprietor: \_\_\_\_\_

## PROPERTY/BUILDING INFORMATION

Parcel #: \_\_\_\_\_ Available at: <http://www5.kingcounty.gov/parcelviewer/viewer/kingcounty/viewer.asp>

Total Building Square Footage: \_\_\_\_\_ Square Feet Used for Business: \_\_\_\_\_ Property Square Footage: \_\_\_\_\_

Please provide estimated square footage information for each of the following activities:

Retail: \_\_\_\_\_ Service: \_\_\_\_\_ Wholesale: \_\_\_\_\_ Manufacturing: \_\_\_\_\_

Please check any of the following boxes for the types of improvements that you are intending to perform on the site and/or building (these are items that generally require other types of approvals or permits):

☐ Moving/erecting/removing walls    ☐ Plumbing or Mechanical work    ☐ Replace/remove windows/doors  
☐ Replace/relocate signs/sign face    ☐ Modification of parking layout/stripping    ☐ Modify or create new vehicular access

Do you have a security alarm system: ☐ Yes    ☐ No    If yes, resgistration is required. Please visit: <https://www.crywolf.us/oss/auburnwa/>

## BUSINESS ACTIVITY

For each of the below questions there are references to supplemental forms. All forms referenced below are available for download at the following web address: [http://www.auburnwa.gov/services/resource\\_library/forms.htm](http://www.auburnwa.gov/services/resource_library/forms.htm)

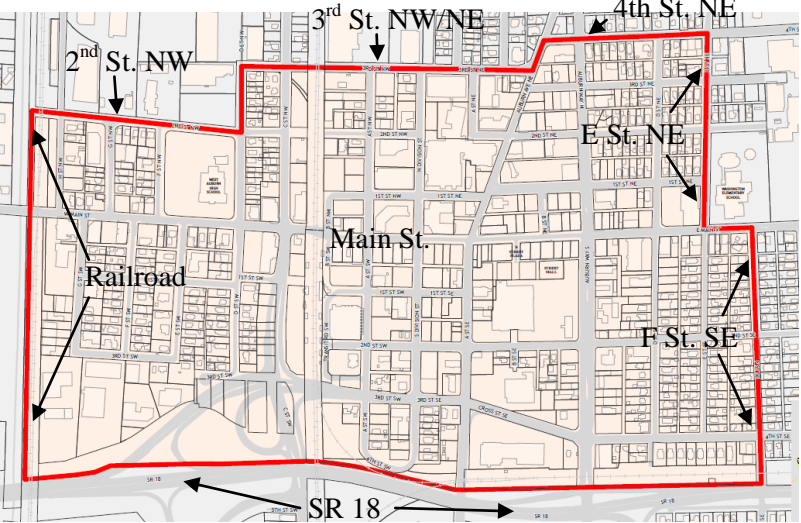
Will you be storing hazardous materials? \_\_\_\_\_ If yes, please attach Hazardous Materials Inventory Statement (available at above link).

If you are a food service business you are required to provide a Fats, Oil, and Grease (FOG) Plan (available at above link).

Is the business based out of your home? \_\_\_\_\_ If yes, please attach a Home Occupation Application form (available at above link).

The following businesses require specialized licenses that require additional forms: Ambulance Services, Amusement Devices, Auto Races, Cabarets, Carnivals, Circuses, Dances, Fire Extinguisher Servicing, Massage Businesses, Health Salons, Public Bathhouses, Merchant Patrol, Private Detective, Motor Vehicle Wrecker, Outdoor Musical Entertainment, Pawnbroker, Solicitor, Taxicab and Tow Trucking.

BUSINESS OWNER INFORMATION				
Name:		Driver's License #:		Date of Birth:
Address:		City:	State:	Zip:
Phone: (    )	Fax: (    )		Email:	
BUSINESS CO-OWNER INFORMATION (IF APPLICABLE)				
Name:		Driver's License #:		Date of Birth:
Address:		City:	State:	Zip:
Phone: (    )	Fax: (    )		Email:	
LOCAL EMERGENCY CONTACT INFORMATION				
Name:		Driver's License #:		Date of Birth:
Address:		City:	State:	Zip:
Phone: (    )	Fax: (    )		Email:	
Alternate Phone: (    )	Alternate Fax: (    )		Alternate Email:	
MAILING INFORMATION (THIS IS WHERE BUSINESS LICENSE RENEWALS WILL BE SENT)				
Company Name:		Department/Person:		
Address:		City:	State:	Zip:
Phone: (    )	Fax: (    )		Email:	

FEES		URBAN CENTER INFORMATION	
Business License – Applied at time of application submittal and each subsequent calendar year	\$50.00		
Inspection Fee – A one time fee paid at time of application. Not applied to home businesses or businesses under building permit review and inspection	\$63.00		
Specialized Licenses – For businesses that require a specialized license, an additional fee will be assessed at the time of submittal and each subsequent calendar year	Various		
Business Improvement Area (BIA) – The BIA fee applies to businesses located in downtown Auburn (see adjacent map). The fee is based on the square footage of the business. It is collected by the City of Auburn and transmitted to the Auburn Downtown Association (ADA).	Based on Square Feet of Space		
		<ol style="list-style-type: none"> <li>Number of employees as of January 1, 2013: _____</li> <li>Number of new employees added since last business license renewal: _____</li> <li>Estimated average annual wage + benefits of each employee: \$ _____</li> </ol>	

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations, conditions, and statutes of the City of Auburn and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

Name	Signature	Date